

# FIVB TEAM WHEREABOUTS

## Nomination of responsible person

**National Federation of:** \_\_\_\_\_

**2019 FIVB Volleyball competition**

**or from 15<sup>th</sup> May to 15<sup>th</sup> October :** \_\_\_\_\_

**National Team (please state male or female):** \_\_\_\_\_

### Details NF responsible/ Team Manager (Team Whereabouts responsible):

Last name:	First name:
Birth date (dd/mm/yy) :	Sex:
Function within National Federation:	
Home address:	
Email:	Mobile phone:

I, as person with authorization within the National Federation, hereby acknowledge and agree as follows:

1. We consent and agree to comply with and be bound by all of the provisions of the FIVB Medical & Anti-Doping Regulations, including its Anti-Doping Rules.
2. Our Team Manager/NF responsible has agreed to file Team Whereabouts for all Athletes entered on the O2 Form. He will submit via the ADAMS system complete and accurate Whereabouts for the entire team as well as for individual athletes when not participating in team activities.

**Place and Date:**

**Signature:**